

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

February 25, 2015

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

29806 Arthroscopy, shoulder, surg, capsulorrhaphy, 29807 Arthroscopy, shoulder surgical, repair of slap, 29820 Shoulder arthroscopy, synovectomy, partial, 29823 extensive shoulder debridement, 29826 decompression of subacromial space.

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a who was injured on xx/xx/xx after a client pushed hard against the left /upper arm and twisted it while trying to do a single-man restraint.

Xx/xx/xx: X-ray Left shoulder. **Impression:** Normal views of the left shoulder.

Xx/xx/xx: Office visit. **Medications:** Cyclobenzaprine 5mg, Naproxen 500mg. Pain level 6/10.

12/12/2014: Office visit. Claimant reported lots of pain to arm. Pain level 5/10. ROM limited. **Plan:** PT.

12/19/2014: Office visit. Claimant reported doing better and had just had PT. He described his pain as mild. 4/10 pain level. The pain does not radiate. Symptoms are improving. ROM is limited but no deformity, no discoloration, no hard pain, no numbness in arm and no shoulder bruising.

12/26/2014: Office visit. Claimant reported pain as dull. Current pain level 4/10.  
**Plan:** MRI left shoulder.

01/02/2015: Office visit. Claimant reported increase in pain. Pain level 8/10.

01/02/2015: MRI left shoulder. **Impression:** 1. Bone contusion consistent with Hill-Sachs deformity. 2. Nearly circumferential labral tear. There is a definite SLAP tear which involves the entire anterior labrum. The anteroinferior and inferior labrum is torn. Only the mid posterior labrum appears normal. 3. Intact rotator cuff. There is no partial or full-thickness rotator cuff tear. Some subtle infraspinatus tendinopathy is noted.

01/05/2015: Office visit. **Plan:** Orthopedic specialists referral. Current pain level 6/10.

01/07/2015: Office visit. **PE:** Left shoulder shows good passive ROM, however, actively, he is guarding as he went on to abduction and does not want to extend in abduction at all. External rotation and anterior shift test are grossly positive with markedly positive apprehension sign. There is also mechanical crepitance within the joint. His Hawkins sign is relatively unremarkable. Speed's, O'Brien's and DLST are all substantially positive. AC joint is somewhat hypertrophic but nontender. No distal swelling. NVID. **Assessment:** Anterior left shoulder instability with 270 degrees nearly circumferential labral tear. Superior labrum anterior and posterior lesion and proximal biceps anchor instability related to the above. Secondary impingement syndrome. Small Hill-Sachs lesion status post-acute anterior dislocation. **Plan:** Proceed with left shoulder stabilization which would include left diagnostic shoulder arthroscopy with anterior labral repair, capsulorrhaphy, SLAP repair, subacromial decompression, extensive debridement, limited synovectomy and treatment as indicated.

01/26/2015: Office visit. **Medications:** Celebrex 200mg, Norco 10mg, Percocet 10mg. **Assessment/Plan:** New problem: Anterior unidirectional instability; other joint derangement, not elsewhere classified, shoulder region. **Discussion note:** Failed conservative treatment. Ready for surgery.

01/27/2015: UR. Rationale for denial: The patient is a who sustained injury on xx/xx/xx, when one of the clients pushed hard against the patient's left upper arm and twisted it as the patient was trying to do a single-man restraint. When this happened, the patient felt and heard a loud pop in the left shoulder, and the shoulder joint felt like it came "undone". However, it was not grossly dislocated at the time. The diagnostic arthroscopy with repair of the labral/SLAP tear and capsulorrhaphy along with the debridement is warranted. However, there was nothing in the MRI report to indicate an acromioplasty was needed. Without a

peer to peer conversation this surgery must be denied in entirety at this time. Therefore, the requested left diagnostic shoulder arthroscopy with anterior labral repair, capsulorrhaphy, superior labrum anterior to posterior repair, subacromial decompression and extensive debridement is not medically necessary or appropriate.

02/02/2015: Office visit. **Assessment/Plan:** Recommend L DSA/SDA extensive labral repair SLAP repair ED/synovex and TAI.

02/13/2015: UR. Rationale for denial: The patient is a individual who sustained a work-related injury on xx/xx/xx after a client pushed hard against the left upper arm and twisted it while trying to do a single man restraint. The patient was 6 feet tall, weighed 183 pounds and had a body mass index of 24.82 as of 1/5/15. There was a previous adverse determination dated 1/27/2015. There has not been adequate conservative care for impingement. There is no imaging or exam findings consistent with impingement. Therefore, the request for left diagnostic shoulder arthroscopy with anterior labral repair, capsulorrhaphy, superior labrum anterior to posterior repair, subacromial decompression, extensive debridement, limited synovectomy, and treatment is neither medically necessary nor appropriate.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous determinations have been partially overturned. There are no clinical or imaging finding of an impingement. The records relate a partial dislocation (subluxation) with Labral and Capsular tear which should be surgically repaired.

Therefore, the request for 29806 Arthroscopy, shoulder, surg, capsulorrhaphy, 29807 Arthroscopy, shoulder surgical, repair of slap, 29820 Shoulder arthroscopy, synovectomy, partial, is certified. The request for 29823 extensive shoulder debridement, 29826 decompression of subacromial space is non-certified.

ODG:

#### **ODG Indications for Surgery<sup>TM</sup> -- Shoulder dislocation surgery:**

**Criteria** for capsulorrhaphy or Bankart procedure with diagnosis of recurrent glenohumeral dislocations:

**1. Subjective Clinical Findings:** History of multiple dislocations that inhibit activities of daily living. PLUS

**2. Objective Clinical Findings:** At least one of the following: Positive apprehension findings. OR Injury to the humeral head. OR Documented dislocation under anesthesia. PLUS

**3. Imaging Clinical Findings:** Conventional x-rays, AP and true lateral or axillary view.

**Criteria** for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:

**1. Conservative Care:** At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS

**2. Subjective Clinical Findings:** Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS

**3. Objective Clinical Findings:** Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS

**4. Imaging Clinical Findings:** Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

([Washington, 2002](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)